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| REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS | Patent Number | 7,238,675 |
| | Issue Date | July 3, 2007 |
| | First Named Inventor | Patrick L. Iversen |
| | Art Unit | |
| | Examiner Name | |
| | Attorney Docket Number | 120178.416C1 |

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners at Seed IP Law Group PLLC, Customer Number: **00500**

Please change the correspondence address for the above-identified application to:

The address associated with Customer Number **00500**

OR

| | | | | |
|---|--|-------|--|-----|
| <input type="checkbox"/> Firm or Individual Name | | | | |
| Address | | | | |
| City | | State | | Zip |
| Country | | | | |
| Telephone | | Email | | |

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

As assignee of record of the entire interest I/we hereby elect, under 37 CFR 3.71,
to prosecute the application to the exclusion of the inventor(s).

SIGNATURE of Applicant or Assignee of Record

| | | | |
|------------------------------------|--|------|---------|
| Signature | <i>J. David Boyle II</i> | Date | 7/20/10 |
| Name | J. David Boyle II | | |
| Title and Company (Assignee) | Interim President and Chief Executive Officer, Sr. Vice President and Chief Financial Officer AVI BioPharma, Inc. | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required, see below*.

*Total of one form is submitted.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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